MIDDLE

Emory

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

IF LINDED I VEAD

2b HOUR 7:50P

(TYPE OR PRINT) Robert Male

4. RACE white Th. CITIZEN OF WHAT COUNTRY?

IISA

5. DATE OF BIRTH Dec 16 1902

WIDOWED X

Atkinson

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [

Kent County 120 USUAL OCCUPATION

May 8, 1985

6. AGE (IN YEARS LAST BIRTHDAY)

126. KIND OF BUSINESS OR

IF LINDER TA HES

10 CITY OR TOWN OF DEATH Chestertown

To BIRTHPLACE (STATE OF FOREIGN

Kent and Queen Anne's Hospital ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13E CITY OR TOWN

Chestertown

166 SOCIAL SECURITY NO.

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WORK FOR MOST OF WORKING LIFE Farmer 13e STREET ADDRESS / ZIP CODE

RFD Piney Grove Farm

owner 21620

Md A FATHER'S NAME

Yes

FOR

REGISTRAR

DECEASED NAME

Maryland

- STATE

Cecil R. Atkinson

Kent

15 MOTHER'S MAIDEN NAME Mary

Albert C. Lieber

13d. INSIDE CITY LIMITS?

17 INFORMANT

1903 Alexandria, Va.

PART I. DEATH WAS CAUSED BY: Canditions, if ony, which gove rise to immediate

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c MAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

14 1773

16) HKIERIU SCLEROTIC CARDIOVASCULAR DISEASE

200 AUTOPSY?

NON

CITY OF TOWN

Ella

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

cause (a), stating the underlying cause lost

28

C VALUE REPLACEMENT

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

21d INJURY OCCURRED NOT WHILE 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (sur-apinian death accurred an the date and hour and from the causes stated

22a.1 certify that (1) (1) haspital) attended the deceased from saw the deceased alive on 5 19. above, (1) (did) (did a) view the body after death 22h SIGNATUR

THE EITHER NOTHEY MEDICAL EXAMINER

DEGREE

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

Burial

Harry Paul Ross

Chestertown, Md

21620

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL 23h DATE

1985

St. Paul's Cem. Chestertown, Md.

231 NAME OF CEMETERY OR CREMATORY

near

Chestertown, Md. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

SALLY SECTION BUTCHES AND LINES ALTERIO PREBIDIO CONDINUES REAR DICHE SENES THE ACCOUNT NEWS PERSONNELT STATE MANY 1 5 KMS - Julius Francis - Thomas - Floodall -

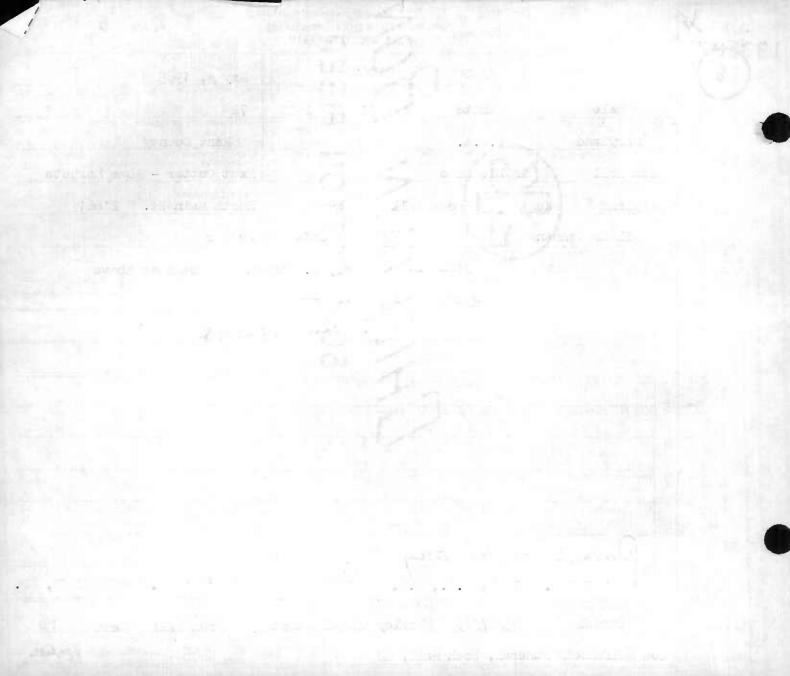
STATE OF MARYLAND FOR - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HOSIEN CERTIFICATE OF DEATH

14 FUNERAL DIRECTOR

Tom Helfenbein Funeral, Rock Hall, MD

- 1									NEO. II	0.			
		OR PRINTI	FIRST		DDLE		LAST		20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOU	R
			EDWARD		WEL	CAN			May 4, 19				М
3. SEX			4 RACE			5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS	24 HRS MIN.	
	1	Male		Whi	te	Apri		1913	72	YRS			
-		RTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF W	HAT COUNTR	Y? 8 MARRIE	D NEVER	AARRIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH		
2		Maryla	nd	U.S.	A	WIDOWE		VORCED [	Kent Co	unty	500		MD.
6	10 CI	TY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NUR		OR OTHER INS	ITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINE	SSOR
1	R	ock Hall		In his					Meat Cutte			rkets	
		AL RESIDENCE OF	NURSING HOME OR		SIVE RESIDENCE BEF		113d INSIDE C	ITY HMITS?	13e.STREET ADDRESS	ZIP CODE			
2	Ma	aryland		nt	Rock I		YES 🛣		North Mair		21661		
6	IA FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	MAIDEN NAM	MIDDLE MIDDLE		LAS		
S			Cannan				E	sie Mae			t A 3		
1		VAS DECEASED E			166 SOCIAL SE	CURITY NO.	17. INFORMA	NT	ADDRI	SS			
	(1	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)				-2649	Mary	C. Canna	an sar	ne as	above		
		II CAUSE OF D	EATH (Enter an	ly ane cause per l	ine for (a), (b),	and ic					BETWEEN	MATE INTER	VAL DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which (b)											
		gave rise to cause tal, s		DUE TO OR	AS A CONSEC								
	rdi.	underlying co	ause last	( (0)			15.7						
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF							NAL DISEASE OR CON	DITION GIV	EN IN PART 11	0	
	CERTIFICATION			1.484.3			134						
ř	CA	190. DATE OF OP	ERATION	196 CONDIT	1% CONDITION FOR WHICH OPERATIO			RMED	200 AUTOPSY?	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO			
	1								YES NO				
		210. ACCIDENT WAS		11b. TIME OF	INJURY N. MONTH	DAY YEAR	216 HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)		
7	S		MEDICAL EXAMINER		١.	19	100						
Ы	MEDICAL	21d. INJURY OCC		21e. PLACE O	F INJURY ET, FACTORY, OFFIC	E. FARM, ETC.) 21f LOCATION STREET			CITY OR TO	WN	COUNTY	SI	TATE
u	-	AT A	T WORK										
				tal) attended the				. 19	, ta		19		
		saw the deceased alive an									and from the	causes sta	ted
		224 MG VATURE	2 '	11 0	5		DEGREE	TTENDING	MEDICAL STA	rr	22c. DATE	SIGNED	
		Deer	Rich	of pe	icio	7	7	PHYSICIAN	DIRECTOR PHYSIC				
		2010	S NAME (TYPE O		M D	D/A	220 ADDRES		N ANNE'S HO	OCD /C	педтери	TALIO	MD
				MOLONY,		P/. A .				13F . / C	HESTEKI	. OWIN ,	T.ID.
		SURIAL, CREMATION		23b DATE		RE NAME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	S	TATE
		Buri		05/07/	85 1	Wesley	Chapel	Cemeter			Kent	M	D
		UNERAL DIRECTO			ADDRES	S		250 DATE	REC'D. BY REGISTRAR				0.0
	To	om Helfer	nbein Fr	meral, F	lock Ha	11. MD		BILA	LY 9 1985	of the Day	Devidson	Aleston	مالان

DHMH - 16 60M 7/B4 (VRA 15, 4)



CARTON TOWN TO BE TO A TOT COMMITTEEN CANADA COMMITTEEN AND A STATE OF THE PARTY OF PER LIKERIT CHEST IN THE KIND OF THE BEST BORDERS THE LODE WILLIAM WILLIAM HOLD IN THE RESERVE SHARE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 1 DECEASED NAME 2b. HOUR (TYPE OR PRINT) Ernest Darling 26.198 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Male Cauc. Dec 1912 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED USA USA Kent USA DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chestertown Kent&Queen Farmer arming USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD Queen Box 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Ethe: Ernest Darling Casev ADDRESS 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate other couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 0 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [ and Mental Hygi 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 23 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTHY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from... sow the deceased olive on. ,, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death Dept 226. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL STAFF be detce State FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by IMPORT Patrick A. Moloney Chestertown, MD 21620 0 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial Sudlersville Sudlersville 24 FUNERAL DIRECTOR DHMH-16 60M 1 73 ADDRESS

Millington

(VR A 15 (4))

Fellows Funeral



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151102	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEAD	MARYLAND TH AND MENTAPHYGI ATE OF DEATH	EÑE REG. NO	4 / 6 4				
oy be death		CEASED NAME FIRST BESSIE	CATHERINE	JOHN	STON	MAY 21,	1985	26. HOUR 4:300. M			
ge 4 mo ector, pc rs ofter c	3. SE	× FEMALE	CAUC.	5. DATE OF B	24% 1890	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS				
nerol dir	1. C	OUNTRY)  A. CO. MD.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	J NEVER MARRIED L.	9 BALTIMORE CITY OR COUNTY OF DEATH					
os offer de by the fur filed within		HESTERTOWN	KENT NAME OF HOSPITAL, NURSII			LAND MENT OF THE PROPERTY OF T	ON 12b. KIND INDUSTR	OF BUSINESS OR			
ND 212		AL RESIDENCE (IF NURSING HOME OR STATE 136 COULT KEN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	WITTO NT 1130	INSIDE CITY LIMITS?	13° BOX ADDRESS	CYPRESS S	ĝ./			
WARTIA OF THE STATE OF THE STAT	14. F/	ATHER'S NAME EMERY	EVERETT	15.	ANNIE	E MIDDLE	EMORY '	AST			
MORE, 1		NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 16b. SOCIAL SECTION (MAR OR DATES) 219–28		A.PAULINE	ADDRES SCHAFFER		19977 MYRNA DI			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120'  WG PHYSICIAN: The low requires that the death certificate be recuted in 24 hours outending physician and physician discontinuity filled in by ste buriol-transit penalt. Then please remove corbanappers. Page and a hold be fill hand Memial Hygiene prior to buriol, cremotion, or removal.	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	T RELATED TO THE TERMIN	NAL DISEASE OR COND	sead yo	XIMATE INTERVAL			
AL RECOR	CERTIFICATION	19a, DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION W	'AS PERFORMED	20a AUTOPSY?	INGS USED S OF DEATH?				
ISION OF VITAL PHYSICIAN: The rending physicio this certificate be the buriel-transit in and Mentol Hygie	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EJTHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19 21	t. HOW INJURY OCCURRE LOCATION STREET	D (ENTER NATURE OF INJURY		STATE			
OR ATTENDIA thospital or IRECTOR: A ched for use opp. of Heolif Hem 21 is ma		AT WORK AT WORK	tal) attended the deceosed from 19 1	70 - 1 0 3 , and th		medical Staff	22c. DAT	, that (I) (we) last e causes stated E SIGNED			
TO HOSPITAL of retoined by the should be detoined with the State E. IMPORTANT: If		224 PHYSICIAN'S NAME (TYPE OF WAYNE BENJ.			PHYSICIAN (1)  ADDRESS MEDICAL OF		-	RTOWN MI			
₩ F E E 3 ₹	23a. i	BURIAL, CREMATION, REMOVAL BURIAL			OND CEM.	STILL PO	ND, KENT,	MD STATE			
DHMH-16 60M 1/73		UNERAL DIRECTOR	OX 270 MT COREST N	GTON		REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNA				

, the parties of the same

The said of the last of the said of the sa

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed within 24 ho

OR ATTENDING PHYSICIAN: The law

## FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGGIENES

	4	1	6	5
,			177	-

	1	REGISTRAR		CERTIF	TIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST	MIDDLE	į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR					
	(TYPE	Joh	in Ke	enneth	Kerr	May	6	1985	11:25 <sup>P</sup>					
	3 SE)	X	4 RACE	5. DATE C		& AGE (IN YEARS LAST B	IRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS					
2	M.	<b>lal</b> e	white	May		83	YRS		HOURS MIN.					
Z		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY?	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH						
1	Pe	nna.	USA	WIDOWE	_	Ken	t Cou	inty	MD.					
1	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		120 USUAL OCCUPA TYPE OF WORK FOR MOST Ret. In		HE INDUSTRY	F BUSINESS OR					
1	(F) \$117	Chestertown AL RESIDENCE (IF NURSING HOME OF	Kent and	QueenAnne	's Hospital	IXCC. III	3 ar a	ride co.	21661					
5	130 5	Id. Kent		ORTOWN	13d INSIDE CITY LIMITS?	RD # 2	Bx 2	16						
1	14 FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N	AME		LAS	1					
0		John J. Ke			Anna		erso	n						
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	RFDDD	RES D	X ZIO	21661					
		YES, NO OR UNKNOWN) (IF YES, GIV	2 029	07 2451	Mary M.	Kerr Rock	Hal	1, Md.	21661					
		18 CAUSE OF DEATH (Enter or PART 1, DEATH WAS CAUSE		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)  Caucius Sina  A  Caucius Sina  A  Caucius Sina  A  Caucius Sina  A  Caucius Sina  Caucius Sin														
		Conditions, if any, which gave rise to immediate	(b)		0000	······								
		cause (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF	ASCUA.	- honge	fac	la						
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION C	GIVEN IN PART 10						
	ō							6.00						
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES []						
5	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1 110110 111 110	NTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	IURY IN ITEM 1	B PART I OR PART 2)						
1	N S	(IF EITHER NOTIFY MEDICAL EXAMINE		19										
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE					
	2	AT WORK AT WORK		.,										
		220.1 certify that (1) (this hosp	ital) ottended the deceas	ed from		, to	85	. 19	that (I) (we) last					
		saw the deceased alive an												
		226. SIGNATURE	5)		DEGREE			22c. DATE	SIGNED					
1		Inches of	000	L	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	1.5	17/85					
		224. PHYSICIAN'S NAME (TYPE O			22e ADDRESS									
		Patrick A	A. Molony		Chestertown, Md.									
Y.	230 E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE					
		Burial	5/9/85	St. Pa	ul Cemeter	y Chester	ctowr	n, Md.						

DHMH - 16 60M 7/B4

MPORTANT If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the in each the dirroched for use as the burial-transit permit. Then please remove corbandage in the Stars Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this retained by the haspital TO HOSPITAL

Chestertown,

200. REGISTRAR'S SIGNS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

14/66

	REGISTRAR				REG.	NO.						
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	P			
LITE	MAR	GARET	LAUE	ENSTEIN	May 20,	1985		7:45	) M			
3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST E		UNDER I YEAR		MIN.			
1	female	white	May	16 1900	85	YRS.						
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH					
D	Marvland	USA	WIDOWE			Kent C	0.		MD.			
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND C	OF BUSINES	SOR			
Cl	nestertown	Magnolia	Hall Nur	sing Center	Housewi	LEe	INDUSTRI					
	IAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)			C / 7/0 CODE	2	1620				
	aryland Kei		or town stertown	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS			1020				
-	ATHER'S NAME	Direct		15. MOTHER'S MAIDEN NA	ME	SIC DIT						
V	.Iohn	Smith	LAST	Ire	ne Davis		LA	ST				
160	WAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17. INFORMANT	ADD		aldo	Driv	<del>ze</del>			
	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	05 10/1	D) Carol Anderson Chestertown								
	no	218	05 1341	D) Galoz	- Indepoin			RIMATE INTERV.	Mo			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for (	a), (b), and (c).)	1. J - M. 1	· · · · · · · · · · · · · · · · · · ·	durin	BETWEEN	A	EATH			
	IMMEDI	ATE CAUSE (a) and	MOTEXE	while carin	corrasculus	andan	4	laco				
	DUE TO, OR AS A CONSEQUENCE OF											
	Canditions, if any, which	( (b)	Dury	coronic	nam de	no ou	b					
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONISEQUENCE OF	0 -		4						
	underlying cause last.	DOE 10, OR AS A C	allant	uston of De	une dis	grales						
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	WAL DISEASE OR CO	NDITION GIVEN	IN PART 1	la '				
Z		300 100 0										
CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	NGS USED	10					
E					YES NOW YES NO NO							
1 %	218. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	I OR PART ?)					
	OR CONTRIBUTING CAUSE OF			}								
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIT	P.M. 21e, PLACE OF INJU	19 RY	211_LOCATION								
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTO		STREET	CITY OR	IOWN	COUNTY	STA	ATE			
	AT WORK AT WORK		0.7	11LV 67	20	may	00	4	->1			
1	22a I certify that (I) (*his has saw the deceased alive	112211		nd that in (my) (and opinion	death occurred on the	date and hour o	nd from the	that (1) (am				
Н	abave, (1) (wer (did) (did	not) view the body after de	oth.		death occurred an me	date and havi d			ea			
	22b. SIGNATUR	1. 1	Mano	DEGREE ATTENDING	MEDICAL ST	AFF		L/85				
	gun	raul 1	1041		MEDICAL ST DIRECTOR PHYS	SICIAN	2/41	1/05				
	22d. PHYSICIAN'S NAME			22e ADDRESS		10000						
	Harry Par	ul Ross		Chestertown, Md. 21620								
23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	Carrol	1 Co	untv				
	Burial	May 22 198	5 Lake Vi	lew Memo. Pa	ark Syke	sville	, Md	•	ALE .			

Chestertown

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

18 shows any

IMPORTANT: If Hem 21 is

and more to reduce and letter your with the wife Their depot theor with the Teny of Mayore percenter Sh how the sa brack he man all 

143026 FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENS CERTIFICATE OF DEATH

- 1								ILEO. I TE							
		CEASED NAME	FIRST	MIDDLE		AST	20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	R		
-	Ruth 4			BEKKTh	orp Sig	ler			- 8	85 5:		52 R			
				4 RACE	S. DATE C		6.	AGE (IN YEARS LAST BIRT	IF UNDER						
	Fe	emale		white	Dec	21, 190	5	79	YRS	MONTHS	DAYS	HOURS	MIN.		
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRI	ED 7	BALTIMORE CITY OF	COUNTY	OF DE	ATH				
1	Pe	nna.		USA	WIDOW	DIVORC	ED 🗌	Kent					MD.		
-	10 C1	TY OR TOWN OF DEA	ATH	11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT	AL NURSING HOME (	OR OTHER INSTITUTION	ON 12	Type of work to Reg.	WORKING LI	12b. I	STRY	FBUSINE	SSOR		
1		estertown		The Kent &		es Hospita	al, In	ic. Reg.	Nul	se		03.	- 0 =		
5	130 S	ryland	13 COUN	OTHER INSTITUTION GIVE RES	Ty OR TOWN  rgetown	13d. INSIDE CITY LIV		P.O. Bx	ZIP CODE			216	535		
	14 FA	THER'S NAME				15 MOTHER'S MAIL	DEN NAME								
Ö		Charl	es	Lloyd Th	orp.	ulia									
		VAS DECEASED EVER		MED FORCES? 166 SC	OCIAL SECURITY NO	17 INFORMANT		RFD # ADPRE	S Box	49		15	851		
		no		220	40 9059	Noel Wa	alls	Rewnold	svil	le.	Pa				
				ly one couse per line for	riot, (b), and ic					86	APPROXIM	NATE INTE	DEATH		
		PART I. DE ATH W		E CAUSE (o) Con	gestive 1	heart fa	ilure	3							
				DUE TO, OR AS A	CONSEQUENCE OF										
		Conditions, if ony,		( Art	erioscle:	rotic ca	rdiov	vascular	dise	ase					
		gove rise to imm cause (a, statin underlying couse	g the	DUE TO, OR AS A FeV	consequence of ver of unl	known or	igin								
	7	PART 2. OTHER SIGN	NIFICANTO	ONDITIONS CONTRIB				AL DISEASE OR CONE	ITION GIV	EN IN P	ART 1(a				
	CERTIFICATION	Granul	omat	ous lung	disease										
9	CAT	190 DATE OF OPERAT	NON	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FINDINGS USED					
	TIF							YES NO		RTIFYING CAUSES OF DEATH?  YES NO					
1		21a. ACCIDENT WAS UND		LICUID A AA AA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR						ART 2)				
	CAL	OR CONTRIBUTING C		III	19	Maria Taranta									
	MEDICAL	21d INJURY OCCURE	RED	21e PLACE OF INJ	URY TORY, OFFICE FARM, ETC 1	21f LOCATION	1000	CITY OF TOV	VP.	COUNTY STATE					
	2	AT WORK AT WOR	RK .	TAI HOME, SIKEEL, FRE	TORT, OFFICE PARM ETC.)				TE						
				all attended the decen	osed from	5-9- 19	85	, to	4	19	5 . 1	hot (1) f	e) lost		
		saw the decease obove, (1) (300) (c	ed olive on,	t) view the body ofter d	19 <u>85</u> , a	nd that in (my) (বটা)	opinion dec	oth occurred on the do	te and hou	r ond fro	om the c	auses ste	ated		
		22b. SIGNATURE		D 1/10	el	DEGREE ATTEN	DING Y	MEDICAL STAF	F	224	DATES	SIGNED	7		
		22d. PHYSICIAN'S NA	AME (TYPE OF	R PR HI	*/	22e ADDRESS	CIAN	DIRECTOR   PHYSIC	AN L		, .	9	7		
			1		M.D.		terto	own, Md.	2162	0					
	23a. B	URIAL, CREMATION,		236. DATE 198	23c. NAME OF C	EMETERY OR CREM	ATORY.	23d LOCATION					_		
	1	SPECIFY)		Mars 17	108100mi	noton de	amo		aton	COUNT	7		TATE		

A Chestertown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

											REG.		DAY			
		OR PRINTI	FIRST	MIDDLE							20 DATE OF DEATH	YEAR 26 HOUR				
	1,		Herma	an	Ga	ger		Spend	er			5	23	1985	_ 3	3:00 pm
	3. SEX			4. RACE				E OF BIRT			6. AGE (IN YEARS LAST	BIRTHDAY		NDER I YEAR		DER 24 HRS
		Male		whit	e		Fel	11	, 1909	AR	76	YR		ns DATS	HOURS	MIN.
7		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN	OF WI	HAT COUNTR	Y? 8	X	VEVER MARRIE		9 BALTIMORE CITY	OR COU	NTY OF	DEATH		
X	M	ass.		I TICA				WED	DIVORCE		Kent Co	unty				MD.
-	10 CI	TY OR TOWN OF DEA	TH			SPITAL, NUR		EOROTH	ER INSTITUTIO	N	120 USUAL OCCUP		1	26 KIND O	F BUSI	NESS OR
1		nestertown		Kent	& Q	ueen A	nnes		ital	V	Plumbe	r of working	IG LIFE) II	NDUSIKI		
5	13a S	USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS?  Md.   Rent   Chestertown   Yes   Noxxx									13e STREET ADDRES	S / ZIP CO	Box	322	6	20
	14 FA	ATHER'S NAME	T YEAR	MIDDLE		LAST		15. M	OTHER'S MAID	ENNA	ME MIDDLE	1		LAS		
0		Bertru				thai			Må	nni				LAS		
	160 WAS DECEASED EVER IN U.S. ARMED				FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRE Phosto								ertown			
		(YES, NO OR UNKNOWN) (IF YES, GIVE				568 09	826	1 I	Emilie	S.	Spencer	RD	#	2 B	ox	322
			H (Fote) no	ly noe couse		~			- 4				-	BETWEEN C	HATER	TERVAL
		18 CAUSE OF DEATH LEnter only one couse per line for 19 PART I. DEATH WAS CAUSED BY:											1		MATERIAL DES	- Control of the last of the l
	IMMEDIATE CAUSE (0)											( ) E				
	DUE TO, OR AS A CONSEQUENCE OF										0					
		Conditions, if any, gave rise to imm		Ь	6)								_			
		underlying couse		DUE TO	O, OR	AS A CONSEC	DUENCE O				0					
	3			(c)												
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									GIVEN I	N PART 110	)			
2	CERTIFICATION	19a DATE OF OPERA	TION	19b. CC	196. CONDITION FOR WHICH OPERATION WAS PERFORMED						200 AUTOPSY? 206. IF YES, WERE FINDINGS USED					
1	FIC			S. S						IN CERTIFYING CAUSES OF DEATH?						
	ERT	YES NO YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I								OR DART 3)	NO	Ш				
4		OR CONTRIBUTING	_	HOUR		MONTH	DAY YE	AR		occom,	VED TENTER NATURE OF IT	A JOHN HAIREM	TO PART	OHF HHIZI		
1	MEDICAL	(IF EITHER NOTIFY MEDI		_	P.M.		1	9	OCATION							
	MED	21d INJURY OCCUR!				INJURY T. FACTORY, OFFIC	E, FARM, ETC		STREET		CITY OF	TOWN		COUNTY		STATE
		AT WORK AT WO	RK													
	2	220.1 certify that (1)			d the	deceased from		-	. 19_		, to			, '		
		obove, (1) (we) (c	ed plive on did) (did no	ti view the b	ody at	ter death.		, and that	in (my) (our) o	pinion	death accurred on the	date and	hour one	d from the	couses	stoted
		226 SHOP ATURE	)	1)				DEGRE	0					22c DATE		
		1-0	n	UL	25	7		un,	ATTEND PHYSIC		MEDICAL S'  □ DIRECTOR □ PHY	TAFF SICIAN [		52	3/8	35
		22d PHYSICIAN'S NA	AME ITYPE	a remit		1		1	RESS							THE
		Patrick	Mol	Lony		1		(	Cheste	rto	wn, Md.					
-	02 0	- all toll	2102	Low	_	100	ALAMAT O	E CENTER			Tast Location					

St. Paul's

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

MPORTANT. If he

Burial

ADDRESS Chestertown.

5/25/85

Cemetery

STATE

Chestertown,

